

# STANDARD CERTIFICATE OF DEATH

13810

State File No. ....

FILED APR 21 1953

BIRTH NO. ....

REG. DIST. NO. 114

PRIMARY REG. DIST. NO. 5432

Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Franklin <i>Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan <i>- rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington <i>0362</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) 722 W. 8th St <i>0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) L c. (Last) Hammond		4. DATE OF DEATH (Month) (Day) (Year) Jan 28 53	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W. blk</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married <i>0</i>	8. DATE OF BIRTH 23 Feb 32
9. AGE (In years last birthday) 20	10. MONTHS <i>1</i>	11. YEARS <i>5</i>	12. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pro. athlete		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (State or foreign country) Washington, Missouri <i>U</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A. <i>U.S.A.</i>	
13a. FATHER'S NAME Charles W. Hammond		13b. MOTHER'S MAIDEN NAME ---	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 23 Sep 52	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Auto accident on Highway</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>#66 Internal Injuries</i>			
DUE TO (c) <i>severe mouth injuries &amp; left knee fracture</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway #66</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Sullivan Franklin Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan 28 1953 4:14 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>Head on Auto Collision</i>		22. I hereby certify that I attended the deceased from 19___, to 19___, that I last saw the deceased alive on 19___, and that death occurred at 4 a. m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Ernest R. Oltmann</i> (Degree or title) <i>Coroner</i>		23b. ADDRESS <i>Herald Mo.</i>	
23c. DATE SIGNED <i>Jan 28 1953</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter P. Hedges, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-14-53</i>		REGISTRAR'S SIGNATURE <i>C.R. ...</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....  
Walter P. Nedge

Licensed Embalmer No. 4265

P. O. Address.....  
Fremont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.